

## Form Instructions: Beneficiary Dental Exception (BDE)

If you are having problems scheduling a dental appointment for yourself or your child in Sacramento County, please follow the instructions below.

For **DENTAL EMERGENCY** (pain, swelling, and/or bleeding),

Call the **BDE Toll-Free number at 1(855) 347-3310** for help.

BDE Hours are Monday - Friday, 8:00 a.m. to 5:00 p.m.

### Filling out the BDE Form:

State of California—Medi-Cal Dental Services Program
Department of Health Care Services

### Beneficiary Dental Exception (BDE) Form

For **DENTAL EMERGENCY** (pain, swelling, and/or bleeding),  
Call the **BDE Toll-Free number at 1(855) 347-3310** for help.  
BDE Hours are Monday - Friday, 8:00 a.m. to 5:00 p.m.

Enter Benefits Identification Card Number as shown.

**Patient Information**

Name (first and last): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Benefits Identification Card Number (BIC): \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

**Parent or Guardian Information (Must be filled out if patient is under 18 years old)**

Name (first and last): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please Check any Box(es) that Apply to the Patient:**

For "Dental Emergencies", call the BDE Toll-Free number at 1(855) 347-3310.

☐ Not able to get an "urgent" appointment within 72 hours (3) days.

☐ Not able to get a "routine" appointment within four (4) weeks.

☐ Not able to get a "specialist" appointment within 30 days from authorized request.

☐ Other: \_\_\_\_\_

**Signature and Date (Parent/Guardian must sign if the patient is under 18 years old)**

Signature: \_\_\_\_\_ Date (mm/dd/yyyy):    /    /

**Please return this form by using one of the following ways:**

**Mail:** Dental Managed Care BDE  
PO Box 997413, MS 4900  
Sacramento, CA 95899-7413

**E-Mail:** dentalmanagedcare@dhcs.ca.gov  
Subject: Dental Managed Care BDE

**FAX:** Dental Managed Care BDE  
(916) 464-3783

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Patient information is required.

Parent or Guardian information is needed only if patient is under 18 years old.

Please mail, e-mail or fax form to Dental Managed Care.

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